WOMEN AND PSYCHIATRY*

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* This is an abridged and slightly modified version of a paper in Dorothy E. Smith and Sara David eds. Women Look at Psychiatry, (Press Gang, Vancouver, 1976)

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In this kind of society ideology is very important in how social relations are ordered. When I use the term 'ideology' in this paper, I am not using it to mean 'false consciousness'. Nor am I using it to mean a biassed or non-objective version of society. Nor to refer to people's political beliefs. I am using it in a way that skips over the various intermediate developments of the term to return to how Marx and Engels use it in The German Ideology. They view ideology as those ideas and systems of thought which form part of how the ruling of the society is done--its laws, its philosophies, its ethical systems, its theories of human behaviour, its ideas and beliefs. Their view is that ideologies are produced by specialized people who are members of a ruling class--where ruling class means not a political elite, but the class which dominates by virtue of its control of the means of production. When I talk about ideology here I mean it in this sense. When I talk about psychiatry as ideology I mean that it is to be looked at as part of a system of control through ideas and systems of thought which are developed by specialized members of a ruling class. It so happens that these 'specialists' are almost exclusively men.

The history and contemporary experience of women is not fully voiced because the position of women is marginal and subservient to the male appropriated practice of ruling. Women have been unable to develop means of expression out of their own activities and experience because they have been deprived of the means to do so. The ideologies available to them for thinking about their experience and the world as it becomes for them have been made up for them and largely from outside. The perspective implicit in these ideologies views women from outside themselves and in a subservient relation to the enterprises of men.

"Women's novels," "women's magazines," the women's section of the newspapers, the representations of women in advertising, in movies, in children's stories, as well as in the social sciences, take for granted a role for women which is complementary to and derived from their relation to men. The movie Souffle au Coeur demonstrates this in an unusually comprehensive form. The array of roles which define women are all relative to the enterprises and interests of men. The story, a comedy, turns on an incestuous relation between a young and very beautiful mother and her teenage son. Women's roles in the movie are displayed as if they made up the totality of women's existence. We are not shown even the possibility of an autonomous basis for their existence.

Here is the array: first there is the ambiguous role of mother passing over into that of mistress; mother also plays the role of mistress vis-à-vis a nebulous lover: there is the role of secretary to husband and father which passes over into that of mistress to the boss; there is the role of whore which has the merit of simplicity since she plays whore and nothing else; there is the role of servant which is likewise

simple: and finally-- since father husband is a gynaecologist, there is the role of patient. All these ways of being a woman are defined here solely as they are relevant to the interests, needs and enterprises of men. Women exist in Souffle au Coeur only in relation to men. Even the incestuous passage between mother and son serves only to release him into a wider sexual activity and into the adult world in which men use women and women's existence is defined by their uses to men.

The women in this movie have no centre in relation to which men might appear as complements to their enterprise. Men stand at a centre from which women are surveyed and given determinate being. Women do not look back at men from their position in the world. They have learned to subordinate their understanding of themselves and their experience to a conception of who they are that comes from outside. It is one that gives them no alternative to seeing themselves from outside and in terms of their uses to others.

Psychiatry specializes in problems of control arising when individuals act in ways which don't fit with the institutionalized order. It deals with the leakages at the edges of a publically conceived and sanctioned order, with gaps in the jurisdictions of other "mechanisms" of control and with problems of "fit" or with breakdowns in the individual's capacity to sustain her consciousness and action within what is recognized as real and rational.

So for women it becomes a mechanism of control which deals with problems of fit between the terms they are given to think and become conscious of their world and the actualities of their experience. Psychiatry deals with the disjunctions between how women are supposed to feel and respond in their situation and how women actually do feel and respond and what their situation is in their experience. Psychiatry creates and authorizes for women ways of thinking about their unhappiness and despair, their sense of oppression, of being trapped by husband and children, or being stifled by subordination to the house.

Roles themselves are ideological. They are the same stuff as the movie Souffle au Coeur is made of. Women's role in contemporary society is not constructed from the intimate continuities of tradition. It is in large part taught, imaged and formed by the media and reinforced with reference to what is written, televised, and represented in the movies. The role tells us how to see events and behaviour as related to one another. It tells us how to put things together, how to intepret our own and others' behaviour. It tells us how to put together what someone is doing so that it makes sense in terms of her situation.

When what someone does or says appears causeless or senseless, this interpretive procedure has failed. It doesn't tell us how the behaviour can be made sense of in relation to the individual's situation. For women, many of their feelings and experiences do not make sense for them and others in terms of the ideology of their role. The misery without cause, the unreasonable tears, the irrational behaviour--these all become visible and describable as such because the role doesn't provide us with the instructions for how to see them making sense. They don't make sense -- in the terms provided by the role. Psychiatry tells women (as well as men) to treat those feelings and behaviours which don't make sense in terms of the role as 'sick'.

The ways in which she struggles in the trap, the disjointed sentences in which she has begun to think herself through from where she is, the tentative experiments with a direction--these come to be described as "symptoms." Lacking adequate formulation, they can have no direction, no outcome, no progressive movement. They abort at the outset. They become merely 'expressive', merely a movement or a gesture a raving, a historia, an attack on the dark in the dark, a bellow of rage and anguish, a horror of not being -- that hole in the world through which its sense finally leaks away.

Psychiatric ideologies refer to behaviour or statements arising in this way as problems in women's sexual identity. If there is something profoundly wrong with your relation to your situation which you experience as despair and misery, you learn from psychiatry to treat that as something profoundly wrong with yourself. In this vicious circle misery leads to a sense of not knowing where you are, who you are or where you can go. It is a circle which psychiatry creates. Psychiatric ideologies provide the instructions which connect women's experience of unhappiness in role contexts to 'emotional disorder'.

Thus resentment and despair are not treated as valid responses to her situation. The realities of her situation as <u>she feels them</u> are not treated as valid. For hers is not a special case. Her situation is 'normal' for our society. The difficulty which psychiatry re-inforces is in seeing that the routine and sanctioned features of women's situation can ordinarily and routinely give rise to such responses.

In psychiatric terms what is wrong is identified as what is wrong <u>with her</u>. There is no bound to the scrutiny of her self and her past which it sanctions. Her feelings, her affections, her past, her beliefs, her identifications ("did you ever feel that your mother didn't love you as a little girl?) are all in question.

She does not know where to move in the world because she does not know what sort of world it is or who she is in it. Psychiatry instructs her to locate problems arising in her <u>relation</u> to her situation <u>inside</u> herself. Between what she knows most intimately as a matter of feeling and response and what is recognizable and sanctionable in terms of the ideology of her role, there is a gap. They do not correspond to one another. Psychiatry sanctions and enforces that disjunction. It places upon her the responsibility of learning how <u>to live that disjunction as a permanent practice</u>.

III

The position men hold in the apparatus which governs our kind of society (and of course not all men are part of this) appears in the psychiatric relation as the authority of expert knowledge. But that authority is not a simple function of technical expertise. It is an authority which women do not appropriate. A study done in the United States by Phillis Chesler* shows that the majority of male psychotherapists prefer women patients. The roles are apparently in closer congruence than the conjunction of women psychotherapists with male or female patients, or of male psychotherapists with male patients.

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*Phyllis Chesler "Patient and Patriarch: Women in the Psychotherapeutic Relationship" in V. Gornick and B. Moran ed. <u>Women in Sexist Society</u>.

The reasons women give for preferring male psychotherapists are that they generally feel more comfortable with male therapists, and that they have more respect for and confidence in, a man's competence and authority. This attitude is often accompanied by a specific distrust of women as authorities and as people. Chesler reports that both men and women in her sample said that they trusted and respected men as people and as authorities more than they did women. This is the psychiatric aspect of the general subservience of women to the ideological practice of governing appropriated by men.

Men represent to both men and women more than merely the authority of a special knowledge. They are invested also with the power and authority of the institutionalized order of ruling of which psychiatry is a part. They appear thus in their professional contexts with an aura which draws upon the authority of their profession, and of the participation of their profession in the governance of our society. They do not appear in the psychiatric relation as themselves alone. Nor merely as "the expert." They always appear representatively and always therefore in a borrowed glory.

The incapacities of women as authorities for themselves and for each other, which we can recognize again in Chesler's study of the psychiatric context, have nothing to do with fundamental competencies. They have to do with how women as a social category are located outside the structures from which men derive authority. In denying women the possibility of speaking with authority, women deny it also to themselves. Their own voices have no authority and cannot therefore voice their experience with authority. Women do not listen to women as authorities and therefore cannot treat what they say themselves as authoritative.

Thus in the psychiatric relation they depend on the interpretations men give them. They learn to finger over their lives and to put together those shreds which will make the pattern they have been instructed to find in them.

They have no opportunity to discover how it is shaped from within themselves or to tell it like it is. What is said in the psychiatric context by the patient who is a woman is deprived automatically of the character of authoritative speech. It is made over into a resource for the interpretive work of the psychotherapist. Understandings which might begin to formulate the actualities of her experience die in this relation before they can be begotten.

Women's denial of authority to one another conforms yet again to the denial of positions of authority to them by the world of men. Since as a social category they lack authority, they cannot be listened to. They cannot therefore get started on the work of thinking their situation through because they can have no confidence in what they have thought or their right to think it. Their interpretations need authoritative sanction before they can be taken seriously.

The role of psychiatric patient perfects this relation because the patient is always already discredited. No wonder male psychotherapists like female patients best. Women have already been carefully trained not to give credit to their own understanding. They have been trained to look to men to discover how to view themselves. Men don't listen to women and women don't listen to one another. Male psychiatrist <u>hear</u> women in treatment, but women do not have the privilege of defining, categorizing, interpreting and assigning value to what they have said. That function is appropriated by men.

The organization of the psychiatric profession itself preserves this general relation between men and women--the majority, the very great majority of psychiatrists are men: the majority of clinical psychologists are men: and the majority of social workers are women.* This hierarchical organization structures the psychiatrist's relation to the world and hence how he knows it. Those who govern and control do so in terms of abstracted conceptions of an actuality corresponding to that mode of symbolic action. The actual concrete and immediately experienced world is transposed for them into abstract forms of knowing. What actually happens can be known then in this form only indirectly and in the forms in which it is communicated.

In the health professions, as well as in others, the routine practices which mediate the actualities and transform them to correspond to the abstract forms under which they may be professionally (or "scientifically") known are performed largely by women. The words and concepts are the professionals' but they are given actual material embodiment by the secretaries who type them. The patient is indeed present as a whole person, but the routines restricting the physician's relation to the patient and hence his professional focus on her life are performed -- in large part by women: nurses, laboratory technicians, social workers, clerks, dieticians, and etc. The wives of professionals provide for the routine maintenance of their bodies and make available to them sexual services on demand. In various quite complex ways the world of the professional practitioner is organized so that he does not have to attend to its material actualities. He is sustained by a division of labour which accomplishes his abstract modes of action in its work of ordering, preparation and realization-- the work largely of women.

In psychiatry it is the social workers who have direct and immediate contact with the uncleaned-up actual life situation of the patient, in all its complexity (everyone's life situation is complex and rooted in others and other things and is not cleaned-up). It is the nature of the lived world to be that way. That actual life situation is where it all happens to the patient. Through her own work and the work of those who reconstruct it as a case history it is obliterated as it was experienced and lived.

By the time the patient gets to the psychiatrist she is already constituted as an abstraction. She has been separated from the contexts to which what she was saying and doing were connected. In psychotherapy she learns to practice this separation for she can bring with her into the office only what can be told. The setting she tells it in is his; the furnishings, the smells, the pictures, the drapes, the carpet, sustain the expressive order of the professional office. It constitutes a reality for this present which detaches it from other modes of being and gives present substance to an abstracted practice. In this place she will construct a biography, a social context, a set of problems, using procedures derived from the school of psychotherapy to which the psychiatrist belongs. The people in her life become the shadow people of the psychiatrist's office whose telling she works on together with him. Their reality as it is given them in this setting and her reality in relation to them. awaits authorization in the interpretive practice of the therapist.

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*W. Schofield. Psychotherapy: The Purchase of Friendship (Prentice-Hall, New Jersey 1963)

If she goes to a mental hospital, her personal effects will have been stored for the duration of her stay and are not accessible to her. Those which are returned to her for her use, as her clothes, etc., have been appropriated by the hospital storage and are portioned out to her routinely. She has been bathed, she has been cleaned up, as part of a process which Goffman calls 'mortification'*. In that place the people of her life do not exist even as shadows. They are simply in abeyance. She has been placed in a situation which is organized for her as an environment--fully external to her. She is an inmate and not a member. Her acts do not contribute to or become part of the work process of the hospital. She is its object, or rather its occasion.

Who she is begins and ends with herself. She is detached from her own biography as it inheres in the particularities of others' physical presences, in objects, in known settings, streets, her kitchen, her places. Her biography if she has one at all is one that could be told in any other way, that can be told again, that dissolves into a fiction in the absence of its witnesses and survivors and of anchorage in the concrete particulars. Her knowledge of herself becomes an abstraction. There is no opposition or tension between the reality she experiences and how it is named and interpreted. Everything is accessible to be conceived ideologically. The patient's own meanings and intentions are separated from the contexts in which they originated, and interpreted where they have no context other than ideological.

The psychiatrist encounters the patient as one whose abstraction has already been socially organized. For him also there is no war or tension between the realities he directly encounters in his working world and the ideologies he uses to name, interpret and order what he observes. He is not exposed to disjunctions between the nature of his psychiatric procedures and the actualities of his patients' lives. He is not exposed in his professional practice to the world prior to the practices of receptionists, nurses, secretaries, nurses' aids, and the patients themselves. They do a work which brings into being the forms in which what he does, thinks and says, make ordinary sense. His accomplishment of his role depends upon theirs in ways which his ideology does not permit him even to think.

The silences of women are complicit in perpetuating his abstracted practice. Their lack of authority to speak means that the concrete practices which abstract the patient from the actualities of her life are not represented. That she has no authority to speak either as patient or as woman means that she cannot represent her own existence. The rule that men do not listen to women is effective in this context in the necessary silences upon which the practices of an ideological psychiatry depend. Psychiatry as it is practiced relies upon this relation of women; it relies upon women's lack of authority to speak; it relies upon not knowing them and upon not listening to what whey might have to say.

V

The women's movement in its varieties is only a few years old (this time around). But there has been a protest among women for many years and it goes back who knows how long and in what other forms in other societies. So far as its psychiatric visibility is concerned, it has been going on for perhaps a century, perhaps for longer. Women have protested despite themselves by having 'nervous breakdowns', by becoming mentally ill, by suffering from depressions, by committing suicide. I remind you of well-known members of this protest, such as Charlotte Perkins Gilman, Zelda Fitzgerald, Sylvia Plath, Virginia Woolf, to represent the many who are not known to us by name. Women have protested with their

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*Erving Goffman, Asylums (Doubleday, Anchor Books: New York, 1961).

lives. They 'took it out on themselves' because they could not do otherwise. They had no other means of acting upon and in their situation.

Psychiatry contributes a special form of repression. Its procedures for thinking the troubles of people puts a special kind of bracket around their behaviour by analyzing it as 'symptom'. What women say about themselves from where they are is not treated as consequential when it is treated as symptomatic. It is not permitted to become an act or to participate in the construction of social reality. The social organization of behaviour as symptom which psychiatry accomplishes takes that behaviour, so to speak, out of play.

Thus psychiatry gives us ways of analyzing our protest which prevent us from recognizing and opposing directly the situations in which that protest arises. Symptoms are not produced by the patient, they are a way of dealing with what she says and does. They are produced by patient and psychiatrist in a joint work for which what the patient does or has done becomes the raw material. She offers the protest of her being for the psychiatric work of transforming it into the symptoms of a disease. It is a work of course which she may learn to do upon herself and in doing it she estranges herself further from her self.

We did not of course recognize that this was protest. We did not know that that was what was happening. Because we had no means of thinking about what was happening as a protest, we went on doing it that way. In the women's movement we are beginning to discover our experience; to make it conscious and tellable and to invent for it the symbolic forms adequate to its representation. The other protest could not arrive at this because it was locked into the ineffectual and self-destructive iconic form of symptoms. As we become capable of speaking to one another of our condition, our relation to each other and to ourselves can be radically modified. In learning to speak our experience and situation, we insist upon our right to begin from where we are, to stand as subjects of our own sentences and to hear one another as the authoritative speaker of our experience.

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(This paper was re-printed with the financial assistance of the Women's Programme, Department of Secretary of State.)